02:42:20 p.m. 12-28-2010 1/1

WILL HEED USER TO + PASS WORD

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed e.	lectronically.	P-10/15/		PH	
COMMITTEE NAME (Must be same as on Statemer	nt of Organization)			N	
Silvers for Council	- ,		FORM	9	
IMPORTANT: Indicate by # type of committee you are repr (1) Statewide/Legislative/Judge Standing for Retention Cal (4) County Central Committee (5) County Candidate (6) Subdivision Candidate (8) County PAC (9) City PAC (10)	ndidate (2)State PAC (3)State Party City Candidate (7)School Board or Other Politic	ic (E	DR-2 Rev. 12/2009) or Office Use Or	DISCLOSURE REPORT	
CANDIDATE COMMITTEES ONLY: Candidate Name Susan Silvers	Political Party (if applicable)	s			
Office Sought Fairfield City Council At-Large	District (if Senate or House)				
Late reports are subject to possible civil and criminal pent candidate's committee, and the chairperson, for any other lower by Two-Way-Barbara Signature of Person Filling REPORT	alties. Pursuant to lowa Code sections 68B.32 r type of committee, is the Individual responsible committee. C(1-472-677) TELEPHONE	(A(7) and 68/ le for filing ti	A.401(3), the camely and accurate the party accurate the party accurate the party and accurate the party accura	ate reports.	
IAM FILINGA DECEMBER 31, 201	PREPORT FOR (1) ELECTION	N /(2)NON-I	ELECTION YE	AR.	
(report date)	Indicate by				
CHECK IF AMENDMENT TO REPORT DATED		Local Com	mittees, enter Da	te of Flection	
(You must continue to file reports until a DR	,	which Elect Jefferson	ion is held	, enter County in	
STATEMENT OF CASH ON	I HAND				
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)			\$ 348.31		
ADD TOTAL MONEY TAKEN IN THIS PER	IOD				
Schedule A: Cash Contributions total (Attac	h Schedule A) (*also see in-kind below)	******			
Schedule F: Loans Received total (Attach S	chedule F)	**********			
Schedule H: Total Sales of Campaign Prope	erty (Attach Schedule H)	**********			
(Schedule H applies to Candidate	s' Committees Only)				
	SUB-TOTAL	\$	348.31	· · · · · · · · · · · · · · · · · · ·	
SUBTRACT TOTAL MONEY SPENT THIS	PERIOD				
Schedule B: Expenditures total (Attach Scho		•			
Schedule F: Loan Repayments total (Attach	Schedule F)			 	
CASH ON HAND at the end of this reporting period (if	final report balance must be zero)	\$	348.31		
**UNPAID BILLS (From Schedule D - Attach Schedul	e D)	\$			
TIN KIND CONTRIBUTIONS (From Schedule E - Attac	ch Schedule E)	\$			
**OUTSTANDING LOANS (From Schedule F - Attach	Schedule F)	\$			
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES NO		
CANDIDATE COMMITTEES ONLY:					
VALUE OF CAMPAIGN PROPERTY (From Schedule	H - Attach Schedule H)	\$			
STATE COMMITTEES: Submit a reconciled campaig	n account bank statement in January of ea	ch year.			